


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

06 DEC 21 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Capital City Gas Service Inc.  
P04000014812

2. Principal Office Address

9014 Hardwood Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

9014 Hardwood Ln.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32311

Country

LEON

Zip

32311

Country

LEON

**REINSTATEMENT**

CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified  
To Do Business in Florida

1-26-2004

5. FEI Number

51-0529992

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Roy D. Woolverton

900082945319

01/20/07--01/01/08 \*\*300 00

Street Address (P.O. Box Number is Not Acceptable)

9014 Hardwood Ln.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent



Date 12-20-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Roy D. Woolverton	9014 Hardwood Ln.	Tallahassee, FL 32311
V/S	Patsy A. Woolverton	9014 Hardwood Ln.	Tallahassee, FL 32311

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/06

Daytime Phone #

850-251-0398

Patsy A. Woolverton



Capital City Gas Service  
9014 Hardwood Lane Tallahassee Fl. 32311  
(850) 942-1739

December 20, 2006

Florida Department of State  
Division of Corporations

To Whom It May Concern:

This letter is to inform you that Capital City Gas Service Inc. never received the Annual Report for 2005. This is the first year that this business has been incorporated and we did not understand all of the procedures for maintaining the status. Please reinstate the status. Thank you for your attention to this matter.

Sincerely,

Roy Woolverton  
Owner